Patrick McQuillan

From: Anne Pylkas <pylk0010@umn.edu>
Sent: Monday, March 1, 2021 9:36 AM
To: Erin Koegel
Cc: Patrick McQuillan
Subject: Re: Health committee

Hello Erin and Patrick,
I will not be able to make the hearing today as I have patients scheduled, but I did want to make a written statement. Please see below:

My name is Dr. Anne Pylkas and I am an addiction medicine physician. I own and operate an independent addiction medicine practice. I am also the Chair of the Opioid Epidemic Response Advisory Committee. I am very committed to improving the care of those with substance use disorders in Minnesota. I apologize that I cannot be there in person, I am seeing patients this afternoon. And I thank the Chair and the other members of the committee for listening to my testimony today. I am testifying today because I believe the "buy and bill" process for procuring long acting injectable medications, specifically injectable naltrexone, is harmful to patients. As an independent practice, I have a very tight budget and many demands on our cash flow. The "buy and bill" process puts the upfront cost of the medication on me, the provider. As of today, I currently owe Amerisource Bergen $15,000, which may not seem like much, but to me it is the difference between making payroll and having to borrow money. Injectable naltrexone is about $1200 per injection. I have to turn people away because I can't afford to pay for the medication. My front desk just turned a patient away this morning. This medication, in particular, can be life saving for many patients struggling with substance use disorder, so turning them away breaks my heart and harms the patient.

I understand that one of the arguments for keeping the buy and bill process in place is to prevent fraud. If a patient has an injection that was paid for by their pharmacy benefit, we obtain it from a specialty pharmacy a few days ahead of their visit. If that patient does not show up for their appointment to get the injection, we make every effort to contact them, but if we fail and the injection is not used, we store it until the expiration date, at which time we waste it. I believe the worry is that practices may offer the medication to a different patient, basically defrauding the original patient's insurance company. To be honest, the pharmaceutical company that makes injectable naltrexone gives us 6 samples per month, because they know that the prior authorization process for injectable naltrexone can be long and arduous and often we want to give the patient the medication as soon as possible after we meet them. We have plenty of samples on hand for this situation, so there is really no motive for us to use an injection that is reserved for a different patient, plus they often do come back after a few weeks or months and we end up giving them the injection.

Thank you for hearing my testimony today. I hope you will consider removing the buy and bill requirement for long acting injectable medications.
Anne Pylkas, MD

On Sun, Feb 28, 2021 at 5:49 PM Erin Koegel <Rep.Erin.Koegel@house.mn> wrote:

> Hi Patrick,
>
> Dr. Pylkas, Chair of the Opioid Epidemic Response Advisory Council may testify tomorrow for HF19. If she is unable to, I will share her comments with the committee as a testifier if that is OK.
>
> Can you send us the Zoom info?
>
> Erin Koegel
> State Representative, District 37A

100 Rev. Dr. Martin Luther King Jr. Blvd
Saint Paul, MN 55115
Office: 651-296-5369
Cell: 763-228-5689
Rep.Erin.Koegel@house.mn

--
Anne Pylkas, MD
Medical Director
Sage Prairie Recovery